

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591176

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 4 | | 3 | | | | |
| 5 | | 2 | | | | |
| 6 | | 10 | | | | |
| 7 | 1 | | 1 | | | |
| 8 | | 1 | 1 | | | |
| 9 | | 2 | 1 | | | |
| 10 | | 2 | | | | |
| 11 | (1) | | | | | |
| 12 | (8) | | 1 | | | |
| 13 | 1 | | 1 | | | |
| 14 | 1 | | 1 | | | |
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| TOTAL IND. | 4 | | 4 | | | |
| TOTAL DEP. | 16 | ← | 13 | ← | | ← |
| TOTAL CLAIMS | 20 | | 17 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
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